



TESTIMONY

Submitted by Coco Sellman
Co-Owner, All Pointe Home Care

Human Services Public Hearing

February 14, 2023

S.B. 412 (COMM) AN ACT INCREASING MEDICAID RATES FOR COMPLEX CARE NURSING SERVICES.

Senator Lesser, Representative Gilchrist and distinguished members of the Human Services Committee, I am an owner of All Pointe Home Care, a CT-licensed and Medicare accredited home health agency with skilled nursing, home health aide, occupational therapy, speech therapy, and social work services for patients in the home. We specialize in **in-home complex nursing care of technology-dependent, medically fragile** children and adults with tracheostomies, ventilators, g- and j-feeding tubes, and other intensive at-home medical interventions. We are 90+% funded by Medicaid. I am also the Chair of the CT Association for Healthcare at Home, the united voice for the DPH-licensed home health care agencies.

I am writing today in support of **S.B. 412: An Act Increasing the Medicaid Rate for Complex Care Nursing Services**. I'd also like to thank Senator Berthel for raising the concept and to the committee as a whole for raising the bill.

I respectfully request three things for your consideration.

FIRST - The Adult Complex Care in-home nursing Medicaid rate needs to be raised to the same as the Pediatric Complex Care rate. Please make the needed **\$3M investment.**

There is currently a 21% disparity between the pediatric and adult complex care rates:

	Up to 18 Years	19+ Years	Difference
LPN Rate	\$50.06/hr	\$39.34/hr	\$10.72/hr (21%)
RN Rate	\$59.17	\$46.50/hr	\$12.67/hr (21%)

This disparity poses significant impact on patient access. As complex care patients age, the complexity of their care, increased interventions, and co-morbidities increase, rather than decrease.



Why should a patient's funding go down by 21% when they turn nineteen?

Institutional care is both less desirable for many patients, and more expensive. The cost of ICU-level care is \$8000-9000/day (where they go short-term in the hospital) and long-term care settings are ~\$2900/day (where they go once a facility is identified, often out of state). Whereas the cost of in-home complex care is ~\$1000/day.

There are 250 patients over the age of 18 currently receiving complex care in CT. Roughly 40% are over age eighteen. Should the adult rate be increased to the pediatric rate, we estimate the annual cost of their care would be \$40M at home and \$100M in a facility. Thus, the investment in complex care nursing at home saves CT \$60M per year. **To avoid the higher cost of facility care and ensure these savings, we are asking for additional investment in adult Medicaid budget of \$3M.** (See attachment for details.)

SECOND - Specific adjustments to the in-home Complex Care Nursing Medicaid rate would be enormously helpful to the care of these patients.

NO OTHER STATE has a complex care rate that changes with age. Connecticut is the only state that utilizes this distinction. This distinction is age discrimination.

However, other helpful distinctions are utilized by other states to help attract and retain nurses for hardest to fill shifts and would be extremely useful if implemented here:

- Acuity-dependents rates that go up based on level of complexity.
- Higher weekend rates.
- Higher third-shift (overnight) rates.
- Overtime rates.
- Holiday rates.
- Increased rural rates.

THIRD - Adjustments to funding in other care settings, like hospitals, skilled nursing facilities, and long-term care facilities that employ registered nurses (RNs) and licensed practical nurses (LPNs) must always be considered in conjunction with the rate for in-home complex care.

The current language of S.B. 412 refers to increasing the rate of in-home complex care nursing to nursing services provided in skilled nursing facilities. **I fully support finding ways to balance the rates** between various provider types. However, how this language is written into the bill



might need some fine-tuning. The CT Association for Healthcare at Home would be happy to help.

Facilities are generally paid a daily rate, whereas complex nursing is paid an hourly rate for the nurse. Facilities are paid a full daily rate regardless of how many nurses come to work that day. Because facilities are currently understaffed and getting paid the full daily rate, they have these extra dollars to reinvest into compensation for the staff they do have. This difference in how we are paid is one of the big challenges the state faces in achieving rate parity across the healthcare continuum.

Why I Believe In Complex Care At-Home

I founded a home health care agency because my step-daughter, Amelia, is a complex nursing care patient. Amelia is 21-years-old and has cerebral palsy and chronic lung disease. She is non-ambulatory, non-verbal, needs oxygen with BiPAP; and receives respiratory, suctioning, and nebulizer treatments every two hours. Amelia was born at 26-weeks and was a twin. Her brother passed at two days old. She spent nearly 100 days in the pediatric intensive care unit struggling for her life with three surgeries to her heart and lungs to help stabilize her.

After bringing her home from the hospital, the struggles of caring for all of Amelia's needs began. Challenges with solving her specific needs in education, communication, accessibility, mobility, and medical safety have taken every ounce of our focus and resources.

As Amelia's condition became more complex as she grew, she needed more and more medical care. Before receiving nursing at home, she was a frequent flyer to the hospital spending weeks at a time in the hospital. Once she started receiving in-home nursing care (age eight) with the increased medical interventions, her visits to the hospital diminished and her overall health and well-being have dramatically improved.

The disparity of the Medicaid rate again puts Amelia at risk. Without a fair rate, she will not be able to receive fair access to nursing care at home.

Despite her medical challenges and disabilities, Amelia is a bright and engaged young woman who deserves access to a healthy, thriving life. She loves volunteering as a service dog trainer, visiting White Memorial, listening to Pink & Adele, and talking about boys with her 14-year-old sister. She communicates with an iPad. Thanks to nursing at home, she is thriving! Amelia and others like her deserve the same level of support as anyone else, regardless of age.

Thank you for the opportunity to provide testimony. Please contact me with any questions.

Coco Sellman

917-658-9151

csellman@allpointecare.com



Appendix A – Investment in Adult Complex Care

Data Collected from Three Providers: Aveanna, Elara, and All Pointe					
	61%	39%			
	18 and Under	Over 18	Total		
# of Patients	148	95	243		
Avg Weekly Hours	10,527	14,233	24,760		
Annual Hours	547,410	740,126	1,287,536		
RATES:	18 and Under	Over 18	Difference		
RN	\$ 59.17	\$ 46.50	\$ 12.67	21%	
LPN	\$ 50.06	\$ 39.34	\$ 10.72	21%	
Over 18 Population	Approx Hrs	Rate Diff	Cost		
30% RN	76,628	\$ 12.67	\$ 970,878		
70% LPN	182,745	\$ 10.72	\$ 1,959,024		
ADD'L INVESTMENT REQUESTED:			\$ 2,929,902		
Annual Cost to Care: Over 18 Population					
	Home	Facility			
Annual Hours	740,126	34,675	Annual Days per year for 95 patients		
Rate (1)	\$ 52.79	\$ 2,900.00			
Total Cost	\$ 39,073,498	\$ 100,557,500	\$ (61,484,002)		
(1) - For home cost assumed a Medicaid rate increase to match the 18 and under population					
For the facility rate used average cost to provide care to high acuity (trach and vent dependent) patients					